

State of Alaska
Department of Health & Social Services, Division of Health Care Services

SUBMISSION REQUEST FORM FOR
PHARMACEUTICAL MANUFACTURERS

Members of the P&T Committee have requested that all clinical information, questions or comments about the preferred drug list be sent directly to First Health. Manufacturers and other interested parties have been requested not to contact the members directly. Written comments on the PDL from all interested parties should be submitted to Dave Campana at the State of Alaska.

Note: Manufacturers submitting comments are requested to do so through their Product Manager using this form. This form constitutes a request for information pertaining to peer-reviewed literature including off-label peer-reviewed studies.

Fax Form to: 1-907-644-8190 ATTN: Melinda Sater, PharmD

Manufacturer Name: _____ **Date:** _____

CONTACT INFORMATION

Product Manager's Name: _____ **Title:** _____

Address: _____

City _____ **State** _____ **Zip Code** _____

Phone Number: (____) _____

Fax Number: (____) _____

Product: _____

Clinical Rationale for Request for Consideration:

[If additional space is required, use Clinical Rationale Continuation Page(s).]

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is a double-line border at the top and bottom edges. The paper appears to be from a notebook or a standard ruled document.

Published Citations:

[If additional space is required, use Published Citations Continuation Page(s).]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

First Health Use Only:

Action to be taken:

Date Reviewed: _____

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